Review: Australian mental health nurses and transgender patients: Attitudes and knowledge”

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Four critiques of biomedicine as a dominant framework for understanding “problems with living” have inspired transformation of the mental health system. Firstly, the emphasis on participation and inclusion through consumer-led and recovery-oriented practice has profoundly changed the role of consumers from passive recipients of care to (more) informed and empowered decision-makers whose lay knowledge and personal experience of mental illness are a resource (McCann & Sharek, 2014). This reconceptualisation has been formalised in the “recovery” model, which has critiqued the stigmatising judgements of medico-psychiatric discourses of deviance and their accompanying social exclusion and disadvantage (Masterson & Owen, 2006). The third has been the recognition of cultural diversity and a critique of the limits of universalism. Finally, gender activism has exposed fractures in the sex/gender system and led to greater awareness of diversity with regard to gender and sexual orientation.

Of these critiques, gender activism has received the least attention in mental health nursing, which is a concern given the negative effects of heteronormativity and cisgenderism. Mental health nurses must continue to challenge or trouble the dominant binary views of gender and the discourse of biological determinism, the notion that the sex one is assigned at birth determines ones’ gender (Merryfeather & Bruce, 2014). There is growing evidence of negative attitudes, a lack of knowledge, and a lack of sensitivity toward people expressing

diverse genders and sexualities. This discrimination creates barriers to health gain and creates disparity (Chapman, Watkins, Zappia, Nicol, & Shields, 2012; McCann & Sharek, 2014).

The reviewed article on the attitudes of mental health nurses to transgender people is therefore timely given the relative invisibility of issues of gender identity in nursing theory, practice and research. As Fish (2010) has written previously in this journal, the culture, norms and values of social institutions can inhibit access to healthcare and reinforce disparities in health outcomes. Cisgenderism (the alignment of one's assigned sex at birth and gender identity/ gender expression, with societal expectations) suffuses every aspect of clinical access to and through services, from written materials including mission statements, forms, posters and pamphlets; the built environment such as gender-specific washrooms and interactions with both health professionals and allied staff reinforce a message of exclusion of transgender people (Baker & Beagan, 2014; Rager Zuzelo, 2014). In turn, these exclusionary practices are shaped through a dearth of policies and procedures and scant educational preparation at undergraduate and graduate levels (Eliason, Dibble & DeJoseph, 2010; Fish, 2010).

Nurses have a professional responsibility to challenge structural constraints and social policies rather than passively accepting them. This paper provides compelling evidence for how nursing as a discipline and mental health nursing as a unique speciality can critically reflect on discourses of sex and gender and how these influence practice and consequently to develop safer, ethical, effective and high quality care for people who change their sex or express their gender differently from the culturally determined gender categories (Merryfeather, & Bruce, 2014). Furthermore, the paper challenges mental health nurses to challenge heterosexism and cisgenderism; to

speak out about social determinants of health that contribute to health inequities and health disparities such as transphobia and, to address discrimination against transgender people. These challenges must be embedded into processes at organizational, regulatory and political levels (DeSouza, 2015).

References

Baker, K., & Beagan, B. (2014). Making assumptions, making space: An anthropological critique of cultural competency and its relevance to queer patients. *Medical Anthropology Quarterly*, *28*(4), 578-98. doi:10.1111/maq.1212

Chapman, R., Watkins, R., Zappia, T., Nicol, P., & Shields, L. (2012). Nursing and medical students' attitude, knowledge and beliefs regarding lesbian, gay, bisexual and transgender parents seeking health care for their children. *Journal of Clinical Nursing*, *21*(7-8), 938-45. doi:10.1111/j.1365-2702.2011.03892.

De Souza, R. (2015). Navigating the ethics in cultural safety. In D. Wepa (Ed.), Cultural safety. Port Melbourne: Cambridge University Press: 111-124.

Eliason, M. J., Dibble, S., & Dejoseph, J. (2010). Nursing's silence on lesbian, gay, bisexual, and transgender issues: The need for emancipatory efforts. *ANS. Advances in Nursing Science*, *33*(3), 206-18. doi:10.1097/ANS.0b013e3181e63e4

Masterson, S., & Owen, S. (2006). Mental health service user's social and individual empowerment: Using theories of power to elucidate far-reaching strategies. *Journal of Mental Health*, *15*(1), 19-34. doi:10.1080/0963823050051271

McCann, E., & Sharek, D. (2014). Challenges to and opportunities for improving mental health services for lesbian, gay, bisexual, and transgender people in ireland: A narrative account. *Int J Ment Health Nurs*, *23*(6), 525-33. doi:10.1111/inm.12081

Merryfeather, L., & Bruce, A. (2014). The invisibility of gender diversity: Understanding transgender and transsexuality in nursing literature. In *Nursing forum* (Vol. 49, pp. 110-123).

Rager Zuzelo, P. (2014). Improving nursing care for lesbian, bisexual, and transgender women. *Journal of Obstetric, Gynecologic, and Neonatal Nursing : JOGNN / NAACOG*, *43*(4), 520-30; quiz E40-1. doi:10.1111/1552-6909.1247